Case 8:00-bk-13077-JR Doc 10-1 Filed 04/14/00 Entered 04/17/00 00:00:00 Desc Main Document Page 1 of 3

In re	Rob Sleenhof		Case No.
		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

	ļ c	Ηu	sband, Wife, Joint, or Community	!	81	N	Pl	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED ANI CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	D AIM)Z+-ZG#Z	UNLIQUIDATE	S P U T E D	AMOUNT OF CLAIM
Account No. 7487487487964652								
American Financial Consultants 100 Quentin Roosevelt Blvd. #200 Garden City, NY 11530		-	Collection for Wells Fargo Credit Line			D		10,543.74
Account No. 101559535		t	10/98		1	1		
American General Finance 665 N. Tustin Street #Q P.O. Box 5808 Orange, CA 92613-5808		-	Credit line					2,926.84
Account No. 963152		T	10/99		1	1		
CMRE Financial Services 3350 East Birch St. #200 Brea, CA 92821-6267		-	Medical services / Harbor Radiology					
								45.00
Account No. 11364024990401159 Collect America, Ltd. C/O Cambrece Law Office 8 Bourbon Street Peabody, MA 01960		-	1998 Credit line (Wells Fargo)					5,011.05
2 continuation sheets attached		<u> </u>	(Т	Su otal of thi		otal age		18,526.63

In re	Rob Sleenhof		Case No.
		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	Ç	Hu	sband, Wife, Joint, or Community	s	U	D	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E B T O R	C H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZTIZGEZH	Q	SPUTED	AMOUNT OF CLAIM
Account No. 73-1928883100	\Box	Π	2-23-99		E		
Emergency Med Spec of Orange P.O. Box 96365 Oklahoma City, OK 73143-6355		-	Medical services				115.00
Account No.			7/98	\dagger	\dagger	T	
Farmers Insurance Exchange 3041 Cochran St. Simi Valley, CA 93099	×	-	Judgment for collision damages				
				_	_	Ļ	25,500.00
Account No. 09275083 J.J. MacIntyre Co. 5700 Atlington Ave. Riverside, CA 92504		-	10/99 Medical services / Hoag Mem Hosp.	:			
Account No. 1928883100		-	2-23-99	+	+	╀	245.00
Moran, Rowen and Dorsey, Inc. P.O. Box 14005 Orange, CA 92863-1405		-	Medical services				35.20
Account No. 4100678608-0		t	April 1999-2000	\dagger	╁	+	
Sprint PCS P.O. Box 79125 Industry, CA 91716-9125		-					510.00
			1				

In re	Rob Sleenhof	Case No.	
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

	Co		sband, Wife, Joint, or Community		ľ	1	D I S	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NT I NGEN	101-01-04	- 1	SP UT #D	AMOUNT OF CLAIM
Account No. 1928883100-308	1	Г	2-23-99	Ţ				
St. Joseph Hospital Dept. LA 21031 Pasadena, CA 91185-1031		-	Medical services)		450.00
Account No. 024804-8	_		12/99	<u> </u>	+	+		
State Farm Insurance C/O Stephen Beecher, Esq 7256 Alabama Ave. P.O. Box 9369 Canoga Park, CA 91309-0369		-	Claim for collision damages					4,687.00
Account No. 0216-6010-0177-1612	╅	T	7/98		T	1		
The Good Guys (HRS) P.O. Box 703 Wood Dale, IL 60191-0703		-	Misc credit card purchases					
								3,439.26
Account No. 144369451201988	1		6/98			ŀ		
Watchworks C/O Norwest Financial 22810 Hawthorne Blvd. Torrance, CA 90505		-	Watch and ring					
								1,500.00
Account No.								
Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total	Sul of this				10,076.26
			(Report on Summary o		To du			55,008.09